24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 11 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Working America Coalition	C C00620583
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Petel & Co.	te of Public Distribution/Dissemination
Mailing Address 1209 Fairmonth St. NW	07 25 2016
	3375.00 ansaction ID : D592560 te of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	07 25 2016
Name of Federal Candidate Support Office Sou	ught: House District:
ROB PORTMAN	sident X Senate State: OH
Calendar Year-To-Date Per Election for Office Sought Disbursem 2016	nent For:
Full Name of Payee Da	tte of Public Distribution/Dissemination
Mailing Address 1209 Fairmonth St. NW	nount
City State Zip Code	2575.00
Washington DC 20009 Trai	nsaction ID : D592562 te of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	07 / 25 / 2016
Name of Federal Candidate Support Office Soil	ught: House District:
DONALD J TRUMP Oppose Pre	
Calendar Year-To-Date Per Election for Office Sought Disbursen 28612.50 Disbursen 2016	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	5950.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
	4 4
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Crystal King [Electronically Filed] Date 07	/ DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	